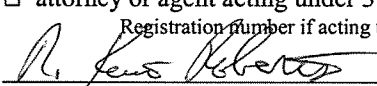


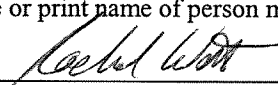
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to Consolidated Appropriations Act. (H.R. 4818).)		Docket Number (Optional) 011323.00007
Application Number 09/932,371		Filed August 17, 2001
For Medical Information System, Method And Article Of Manufacture		
Art Unit 2129	Examiner O.F. Fernandez Rivas	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-2442</u> . I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.		
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,786</u>		
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a).		
Registration number if acting under 37 CFR 1.34(a). _____		
 Signature	<u>June 22, 2006</u> Date	
<u>R. Kent Roberts</u> Typed or Printed Name	<u>(716) 848-1510</u> Telephone Number	
NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of <u>one</u> form is submitted.		

TRANSMISSION CERTIFICATE

I hereby certify that this correspondence is being electronically transmitted to the U.S. Patent and Trademark Office on the date shown below.

Date June 22, 2006

Rachel S. Watt
 (Type or print name of person mailing paper)


 (Signature of person mailing paper)